|                                  |                  |                 |           | ION OF HEAL   | TH - STAND                | ARD CER  | TIFICATE O  | F DEATH                                   |                                | =62                   | <b>:-01</b>        | <b>1</b> 303       |
|----------------------------------|------------------|-----------------|-----------|---|---------------------------|--|---|---|--------------------------------|-----------------------|--------------------|--------------------|
| DO NOT WRITE                     | RTMENT           |                 |           | egistration District No.                                | FARE 149                  | ,<br>nary Registration I                       | District No   | 0.2-Registrar's                           | No. 1 1                        | 202 st                | ATE FILE NU        | IMBER              |
| ON THIS STUB                     | AMENDE           | :D              | _         | FILED AP  | 'R 5 1962                 | · · · · · · · · · · · · · · · · · · ·          |   | Co HISHAI DES                             | DENCE (Where of                | leceased lived. If    | inational national | Davidence before   |
| · vs 300                         | ا الالما         |                 | 1         | . PLACE OF DEATH  a. COUNTY                             | Jackson                   |  |   | II  |                                |                       | nson               | admission)         |
| Rev. 4/59                        |                  |                 |           | b. CITY (If outside corpo                               |                           | HIP only)                                      | Length of stay in 1b  | c. CITY<br>OR                             | diisas_                        | 3 0111                | 15011              | Inside Limits      |
|                                  | AMENDED          |                 |           |   | as City                   |  | 2 weeks   | TOWN                                      | Prairie                        | Village               |                    | Yes 🙀 No 🗋         |
| <u>'1</u>                        | '   u            |                 | _         | c. FULL NAME OF (IF NO<br>HOSPITAL OR<br>INSTITUTION TO | OT in hospital, give loca | tion)  | Inside Limits   | d. STREET<br>ADDRESS                      |                                | (If cutside, give lo  | •                  | Reside on Farm     |
| 28/13                            | PAI S            |                 | _         | INSTITUTION Tri   | nity Luthera              | an   | Yes 🔯 No 🗀  | 2   | 215 West                       | t 78th Str            | <u>eet</u>         | Yes 🗋 No 💆         |
| 3                                |                  | $\exists \beta$ | 3         | . NAME OF DECEASED<br>(Type or print)                   | First                     | Ň  | iddle   | Last                                      | 4. DATE<br>OF                  | Month                 | Day                | Year               |
|                                  |                  | 1               |           | (Type of print)   | John                      | M.   |   | Ritchey                                   | DEATH                          | March                 | 23                 | 1962               |
|                                  |                  | 3               | 5         |   | 6. COLOR OR RACE          | 7. Married 💆<br>Widowed (                      | Never Married Divorced  | 8. DATE OF BI                             | 9. AGÉ (18<br>188 <b>45</b> 77 | ist birthday) I IF Un | NDER 1 YEAR        | Hours Min.         |
| 5 /                              |                  | 1               | -10       | Male  | White                     | _  | _   | VIII DIDTUDIA                             | CE (City and state             | /6                    |                    | WHAT COUNTRY       |
| 6                                |                  |                 | 100       | during most of working                                  |                           | Advertis                                       |   |   | ., Nebras                      |                       | U.S.A              |                    |
| 7 /                              | t 22             | 3               | 13        | a. FATHER'S NAME  |                           |  | THER'S MAIDEN NAM   |   |                                | NAME OF HUSBA         |                    |                    |
| <u> </u>                         | 집   네            | \$              |           | Calvin Ritcl  | hey                       | Har  | riet Daugh  | erty                                      | l N                            | Iinnie A.             | Ritch              | ey                 |
| 8 0                              |                  | 1/2             |           | . WAS DECEASED EVER II<br>es, no, or unknown)  (If ye   |                           |  | CIAL SECURITY NO.   | 17. INFORMAN                              |                                | Addres                | 1                  |                    |
| ^ ~                              | PP 1             |                 |           | No  |                           |  |   | Dorothy                                   | Gibson 2                       | 2315 West             |                    | illage, Ks.<br>St. |
| 10                               | .     \          | IZ.             |           | 18. CAUSE OF DEATH (E<br>PART I. D                      | EATH WAS CAUSED BY        | 1100 4   | . 0   | - 0                                       | _                              | 4.1.4                 |                    | NSET AND DEATH     |
| 11                               | 당 년 :            | Ϋ́              |           |   | IMMEDIATE CAUSE (a        | han  | e pulu  | nen ed                                    | ana + c                        | SYDIE-Y'S             | 317                | AT MO.             |
|                                  | EAD OF           | DOCUMENT        |           | en tru  | 7                         | .C.0.  | لام میں ا   | ا<br>الاستاد                              | - 2                            | A                     |                    | 16 hrs.            |
| 12/ /                            | 17 18 41 1       | -               |           | Conditions,<br>which gave<br>above cau                  | e rise to                 | ) <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u> | any or see  | · ^-                                      | S ANGLAN                       |                       |                    |                    |
| 13                               |                  |                 |           | stating the<br>lying caus                               | under-                    | o Gener  | L'acres   | liton                                     | Doubure                        | <u> </u>              |                    |                    |
|                                  | 5                |                 | ž         |   | OTHER SIGNIFICANT C       | ONIXTONS CON                                   | TRIBUTING TO DEAT   | IH but not relate                         | o to the terminal              | PART III. If          |                    | was female was     |
| t                                | - 1 1 1 1        |                 | ATIC      | Postspentini -  | disease condition given   | 19-62 km                                       | حه م صعص  | علىء ــــــــــــــــــــــــــــــــــــ | netis                          | 1 r                   | Yes                | No Unknown         |
|                                  | AMENDMENIS  + 76 |                 | CERTIFICA | 19 WAS AUTOPSY 20                                       | Da. ACCIDENT SUICID       |  |   | W INJURY OCCUR                            | RRED. (Enter nature            | of injury in PART     |                    |                    |
|                                  | §     N          | <sub>\</sub>    | E         | PERFORMED?<br>YES   NO                                  |                           |  |   |   |                                |                       |                    |                    |
| z                                |                  | 1/2             | CAL       | 20c. TIME OF Hou  | Month, Day, Year          |  | <u> </u>  |   |                                |                       |                    |                    |
| ¥ 💆 ¹                            | `  [i            | 3               | MEDICAL   | INJURY a.m.<br>p.m.                                     |                           |  |   |   |                                |                       |                    |                    |
| USE BLACK INK OR PEWRITER RIBBON | 59               | 3               | Ľ.        | 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WO      | 20e. PLACE<br>farm,       | OF INJURY (e.g.<br>factory, street, off        | in or about home, ice bldg., etc.)  | 20f. CITY, TOWN                           | , OR LOCATION                  | co                    | UNTY               | STATE              |
| ~                                | ا اما            | 1               | າສເ       | NOT WHILE AT WO   | (                         | 1  |   | 221.612                                   |                                |                       |                    | 2 161 -            |
| <b>₹</b> ○≝                      | READ             | 1               |           | 21. I attended the decea                                |                           | <del>'' '' '' '</del>                          |   |   |                                | nalive on Man         |                    | 3,1962             |
| ا ≩ س                            |                  | 1               | P         | Death occurred at                                       |                           | OO AN  | m on th   |   | ve, and to the bes             | it of my knowledge    | , from the c       |                    |
| USE BLACI<br>OR<br>TYPEWRITER    | SHOULD<br>S-2    | ᆼ               | 5         | SUGNATURE   | (Deg                      | ree or title)                                  |   | 22b. ADDRESS                              | 17                             |                       |                    | 22c. DATE SIGNED   |
| F                                | S                | ∐ <u>₹</u>      | 02.00     | a. BURIAL, CREMATION                                    | 23b. DATE                 |  | OF CEMETERY OR CRE  | MATORY                                    | 23d. LOCATIO                   | N (City, town, or a   | county)            | 3-23-62<br>(State) |
|                                  | og .             | AFFIDA          | na:       | REMOVAL (Specify) Cremation                             | 3-26-62                   | 1  | V. Newcom   |   |                                | City, M               |                    | - ·                |
|                                  | W V              | AFF             | ن         | . FUNERAL DIRECTOR                                      | <b>V</b>                  | RESS   | 25. DA  | TE RECD. BY LOCA                          | AL REG. 26. RE                 | OTTRAR'S SIGNAT       |                    |                    |
|                                  | I EW             | BY              | St        | ine & McClu   | re, Kansas                | City, Mo                                       | ر کی از کا این از کا این کا از کا این کا این کا این کا این کا این کا این کا ک<br>مارک کا | 26-62                                     | - 0                            | with I                | ong                |                    |
| '                                | ' ' ' '          |                 | _         |   |                           | (Licer   | ised Embalmer's Stater  | ment on Reverse S                         | ide)                           |                       | <i>F</i>           |                    |

11:30-1 3-5

## STATEMENT BY LICENSED EMBALMER

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

| <i>,</i>                           | ţ.                                    | Student Embalmer No.  |
|------------------------------------|---------------------------------------|---|
|                                    | · · · · · · · · · · · · · · · · · · · | , stoden Embanter No  |
| ing under my personal supervision. |                                       |   |
| ent                                | Signed                                | Filliam M. Jurner   |
| Signature of Student Embalmer      | _                                     | 11.10   |
|                                    | 1                                     | Licensed Embalmer No.   |
|                                    | 1                                     | $\sim$ |
|                                    |                                       | P. O. Address City -1   |

m: